

Maine Board of Osteopathic Licensure
142 State House Station, 161 Capitol Street
Augusta, ME 04333-0142
Phone: 207/287-2480 – Fax: 207/536-5811
Scanned – E-Mail to: osteop.pfr@maine.gov

Professional Reference Questionnaire

Professional Evaluation re: _____ Date: _____

Reference provided by: _____

Please answer all questions based on your personal knowledge and direct observation. Your candor is appreciated; your answers will remain confidential (except as necessary for accomplishing the licensing process).

Relationship of Reference Source to Applicant

How long have you known the applicant? From _____ to _____

During what time period have you observed the applicant's practice of his/her specialty? From _____ to _____

Indicate method: Direct Observation _____ Peer Review _____ Referrals _____ Reputation _____

Under what circumstances have you observed the applicant (i.e. as Department Chair, Residency/Fellowship Director, Proctor/Preceptor/Supervisor or as a fellow physician)? Please indicate below:

A. Clinical Evaluation

This evaluation should be based on demonstrated performance compared to that reasonably expected of a practitioner with a similar level of training experience and background as this one. If you do not have knowledge to answer a particular question, please indicate "no information".

Basic Medical Knowledge	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____
Professional Judgment	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____
Sense of Responsibility	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____
Clinical Competence	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____
Ethical Conduct	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____
Patient Management	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____
Physician/Patient Relationships	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____
Relationship w/Peers and Hospital Personnel	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____
Communication & Rapport with Patients	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____
Ability to Understand, Speak and Write English	Unsatisfactory*____	Marginal*____	Satisfactory____	No Information____

*Please provide your comments relating to Section A (use additional sheet of paper if necessary: _____)

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Is there any additional information that would assist the Board in evaluating the clinical abilities and other skills of this applicant for licensure? _____

B. Actions, Conduct & Health Status

If any of the following questions are answered "yes", please provide complete details on a separate sheet.

To the best of your knowledge, has this applicant ever been subject to any disciplinary action, such as imposition of consultation requirements, suspension or termination? Yes___ No___ Don't know___

Are/were such actions, listed above, in process or pending against the applicant? Yes___ No___ Don't know___

To the best of your knowledge, has the applicant ever been under investigation by any governmental or other legal body? Yes___ No___ Don't know___

Do you know of any malpractice actions instituted within the last 5 years or in process against the applicant? Yes___ No___ Don't know___

To the best of your knowledge, does the applicant have any behavior, physical or mental condition (including dependence on drugs or alcohol) that could affect his or her exercise of clinical privileges or provision of quality, safe patient care? Yes___ No___ Don't know___

C. Recommendation

☐ Recommend without reservation

☐ Recommend with the following reservations

☐ Do not recommend

Reference provided by (handwritten or typed name): _____

Date: _____ Signature: _____

What is the best time to contact you by telephone? _____ Telephone Number: _____

Please return this form to: **Susan E. Strout, Executive Secretary** at the address atop this form.

Mail to the address atop Page 1, fax to 207/536-5811, or scan & e-mail to: osteo.pfr@maine.gov